



This edition of the newsletter is the final version for 2025. What a year it has been for research! We have continued to learn new processes as we become more aligned with the systems used in Research Administration at Henry Ford. The Research Administration and IRB staff at main campus have done the utmost to welcome us and to align best practices from both institutions. While the transition has not always been easy, the kindness shown by the Henry Ford staff (and I hope, returned by all of us) has made the task much easier!

The residents, fellows and faculty at Henry Ford St. John, despite all of the challenges, have continued to be extremely productive with research projects and other scholarly activity. The rigor put into our research design and execution and the high quality of work from our institution has not gone unnoticed. So, congratulations to all of you on a job well done.

As we approach Christmas, Hannukah and Kwanzaa (with Diwali just past), the most joyful times of year for many of us, let us keep our more unfortunate brothers and sisters on the planet in our hearts. It is good to remind ourselves that a little bit of kindness, a listening ear, and an understanding heart go a long way in making this world a better place for all of us.

On behalf of the Research Department at Henry Ford St. John, we wish you the happiest of holidays this December—no matter which holidays you observe—and continued blessings and abundance for 2026.

Dr. Susanna Szpunar

Director, Biomedical Investigations and Research
sszpuna2@hfhs.org



Fast Stats

Measures of Association are values that show us the direction and strength of the association between a risk factor and a disease. There are several common measures of association that arise from different study designs.

Odds Ratio (OR): The Odds Ratio can be computed from any study design. It is the ratio of the odds of a case patient being exposed to a factor divided by the odds of a control patient being exposed. The OR is a good estimator of the relative risk when the disease is rare. The null value is 1.

Relative Risk (RR): The relative risk is the ratio of the probability of disease in the exposed versus the probability in those unexposed to a risk factor. It can only be computed from prospective studies. This measure shows us the strength of the association between a risk factor and a disease. The null value is 1.

Risk Difference (RD) or Absolute Risk Reduction (ARR): This measure is simply the difference in the probability of disease in the exposed and the probability in the unexposed. On a population level, this measure helps us to know how much disease can be prevented if the risk is removed. The null value is 0.

Number Needed to Treat (NNT): This value is $100/\text{the ARR}$ when the ARR is expressed as a percentage. This value tells us the number of patients we would need to treat to prevent one case of disease.

Hazards Ratio (HR): The Hazards Ratio is computed from survival data. The probability of events occurring at any point in time is called a Hazard for that group and the weighted RR during the entire study duration is known as the Hazards Ratio. The null value is 1.

Which measure do I use?

- The RR, RD and HR can only be computed from prospective studies.
- The HR comes from studies that have time as a component in the analysis.
- The OR can be computed from any study type, however, it will often overestimate the RR when the disease is rare.



Congratulations to our Residents!

First Place Winner

Nagaspurthy Reddy Anugu, MD—Pediatrics

Short Stature with SHOX Gene Deletion — A Delayed Diagnosis

Case Report poster presentation at the Michigan Chapter American Academy of Pediatrics Conference, September 2025.



First Place Winner

Ahmad Sater, DO—Internal Medicine

A Retrospective Comparison of the AHA/ACC ASCVD Risk Assessment and Statin Recommendations Versus the New PREVENT Equation

Research Study presentation at the Michigan American College of Physicians Conference, September 2025.



First Place Winner

Ali Khalil, MD—Internal Medicine

Renal Transplant Rejection Induced by Programmed Cell Death Protein 1 Inhibitor and Concomitant Use of Calcineurin Inhibitor

Case Report presentation at the Michigan American College of Physicians Conference, September 2025.

Cryptoquiz—The Definition of Research

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
																						M	Q		

V

Z P G P N O W Z N S E S V M O P N S C Z N S B V

V

L O P S C V O L N B L O M O T B Y B J E B V N J S I

W

D N O N B C O V O J Z T S U Z I T O K V B Q T O L C O

Each letter in the phrase has been replaced with a random letter or number. Try to decode the message. The first person to email me a correct response gets a prize!



Recent Publications

Abdallah N, Giuliano C, Rukat CE, Barnes BJ. Is there an association between nighttime correction scale insulin and morning hypoglycemia in hospitalized patients? *Hosp Pharm.* 2025 Jul 2:00185787251352168. doi: 10.1177/00185787251352168. Epub ahead of print. PMID: 40621093; PMCID: PMC12222095.

Ammar A, Edwin SB, Whitney R, Lipari M, Giuliano C. Updates in chronic kidney disease management: A systematic review. *Pharmacotherapy.* 2025 May;45(5):291-306. doi: 10.1002/phar.70014. Epub 2025 Mar 28. PMID: 40152479.

Ammar A, Fardoun H, Hart E, Cagadas E, Tatar B, Ng TH, Janzen KM, Addison J, Guiliano C. Closing the gap: evaluating the safety and effectiveness of diabetic ketoacidosis nomograms. *Ann Pharmacother.* 2025 Nov 14:10600280251388640. doi: 10.1177/10600280251388640. Epub ahead of print. PMID: 41235596.

Ammar A, Sorochak N, Paxton R, Lipari M, Giuliano C. Association between the use of long-acting insulin and hypoglycemia in critically ill patients with diabetes. *J Intensive Care Med.* 2025 Sep 1:8850666251371709. doi: 10.1177/08850666251371709. Epub ahead of print. PMID: 40888642.

Bhargava A, Szpunar S, Sharma M, Saravolatz L. Risk factors for seeking medical care following nirmatrelvir-ritonavir (Paxlovid) treatment for COVID-19: "Symptom Rebound". *Viruses.* 2025 May 29;17(6):782. doi: 10.3390/v17060782. PMID: 40573371; PMCID: PMC12197524.

Channey S, **Kale-Pradhan P, Sharma M, Lebovic D, Giuliano C, Johnson L, Bhargava A.** Real world evaluation of Evusheld in prevention of COVID-19 in immunocompromised patients: An observational cohort study. *Am J Med Sci.* 2025 Nov 21:S0002-9629(25)01274-1. doi: 10.1016/j.amjms.2025.11.007. Epub ahead of print. PMID: 41276115.

Kheyrbek M, Alkehef Y, Alalwan Y, Mohamad N, Mesiha N. When pain puts your heart in the fast lane: A case of ventricular tachycardia induced by pain from rib fracture. *Cureus.* 2025 Aug 22;17(8):e90768. doi: 10.7759/cureus.90768. PMID: 40984896; PMCID: PMC12450485.

Saravanan A, **Strickland N, Booker SQ, Pervis B, Singh N, Wilson M.** Pain, Anger, and aggression: A complex interplay of symptoms, social factors, and behaviors. *Pain Manag Nurs.* 2025 Apr;26(2):127-130. doi: 10.1016/j.pmn.2025.02.015. PMID: 40159018.

Sharma M, Szpunar S, Tanveer F, Arcobello J, Revankar S, Bhargava A. Predictors for true *Actinomyces* bacteraemia. *J Med Microbiol.* 2025 Jun;74(6):002026. doi: 10.1099/jmm.0.002026. PMID: 40465468; PMCID: PMC12137913.

*Wishing you Happy Holidays and a Joyous New Year from
the GME Research Staff at Henry Ford St. John Hospital!*





Consent for Case Reports

The consent form has been updated with the new hospital name; contact Dr. Szpunar if you need a copy!

It is required that you obtain consent from patients or next-of-kin when you plan to write a case report. We have a standard consent form that should be used. The consent needs to be in writing; a verbal consent is not sufficient. Please remember to both sign and date the consent form as the requesting author. Remember that none of the 18 elements of PHI should ever be included in a case report. The 18 elements are:

1. Patient names
2. Geographical elements
3. Dates related to the health or identity of individuals
4. Telephone numbers
5. Fax numbers
6. Email addresses
7. Social security numbers
8. Medical record numbers
9. Health insurance beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers
13. Device attributes or serial numbers
14. Digital identifiers, such as website URLs
15. IP addresses
16. Biometric Identifiers
17. Full face photographic images
18. Any other unique identifying number, characteristic or code

Upcoming SEMCME Programs

Anesthesiology City-Wide Grand Rounds Lecture: Evolution in Coronary Stent Technology

December 17, 2025
7:00 to 8:00 pm EST
via Zoom, [Click here to register!](#)

ACGME Site Visit Preparation

January 16, 2026
Noon—1:00 pm EST
virtual event

[Click here to register!](#)

AI in Medicine Series

Ethics of AI Use in Medicine

January 21, 2026
Noon—1:00 pm EST
(third of four virtual Zoom interactive workshops)

March 18, 2026
Noon-4:30 pm
In-person event

[Click here to register!](#)

For more information: <https://semcme.org/>

Upcoming CME Programs

Endoscopy Conference

May 9th, 2026
(save the date)

For more information: nderita1@hfhs.org

Research Staff

Susanna Szpunar, PhD	Director, Biomedical Inv. & Research	sszpuna2@hfhs.org
Deborah Spampinato	Administrative Asst. II	dspampi1@hfhs.org
Karen Hagglund, MS	Clinical Scholar	khagglu1@hfhs.org
Alice Mar, BA	Clinical Scholar	amar3@hfhs.org
Shelby Miller, MPH	Clinical Scholar	smiller7@hfhs.org
Mary (Chase) Trost, MA	Research Assistant	mchase3@hfhs.org